



Name: (Dr. Mr. Mrs. Ms.) _____

Address _____ Phone(Home Cell Work) _____

City _____ State _____ Zip _____ Preferred Email _____

MY GIFT

I/We wish to support The Criswell Society at the following level (outright gift or gift over 5 years)

(send me more information on membership):

PLEASE CIRCLE ONE OF THE FOLLOWING LEVELS:

5-year membership

- ◆ Level I \$5,000 (\$1,000/year or \$84/month)
- ◆ Level II \$10,000 (\$2,000/year or \$167/month)
- ◆ Level III \$30,000 (\$6,000/year or \$500/month)

Lifetime membership

- ◆ Level IV \$100,000 (\$20,000/year or \$1,667/month)
- ◆ Level V \$250,000 (\$50,000/year or \$4,167/month)
- ◆ Level VI \$500,000 (\$100,000/year or \$8,334/month)
- ◆ Level VII \$1,000,000 (\$200,000/year or \$16,667/month)

Please upgrade my/our membership to from Level _____ to Level _____.

Gift Enclosed

My total tax-deductible contribution to Criswell College is enclosed.

Payment Schedule

Please contact me about setting up a pledge and payment schedule.

Credit Card

Please charge my:

Visa Mastercard Discover AMEX

Initial Gift: \$ _____

Card No. _____

Exp. Dated _____ Security Code _____

Please contact me regarding a gift annuity or making a gift to Criswell in my will, trust, or estate.

Please contact me about a company match: Company name _____

Signature: _____

*Signature required to validate membership and payment.
Charitable gift receipts are mailed by January 31 following each calendar year.*